

POSITION	ID NO.	DATE
CLASSIFIER	21	10/15/93
EXAMINER	437	10-27-93
TYPIST	331	3/13/94
VERIFIER	315	3-4-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	10/15/93
2	10/15/93
3	10/15/93
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49	10/15/93
50	10/15/93

BEST AVAILABLE COPY

SYMBOLS
 (Through numeral)
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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